

Name
in
Full

CERTIFICATE OF DEATH

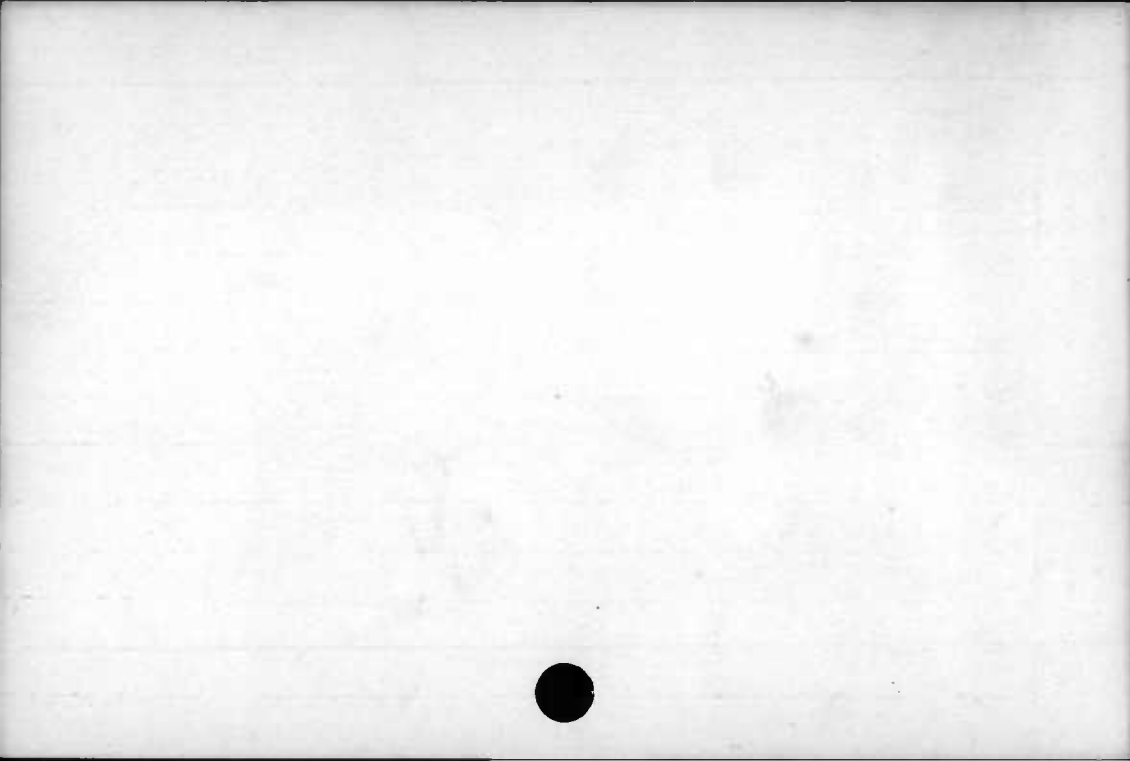
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cabin John</i> Town <i>Montgomery</i> County			MARYLAND		
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>19</i>	Age Years <i>70</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Fred Co.</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Edmund Heater</i>			Father's Birthplace <i>Fred Co.</i>		
Mother's Maiden Name <i>E C Heeter</i>			Mother's Birthplace <i>Montg Co</i>		
Name of person giving information <i>E R Perry</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>X</i> <i>Apoplexy</i> <i>but</i>	How long <i>X</i>
Immediate <i>Apoplexy</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H J Pratt M.D.</i>
<i>Yrs</i>	Address <i>Potomac Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Hattie Brown

CERTIFICATE OF DEATH

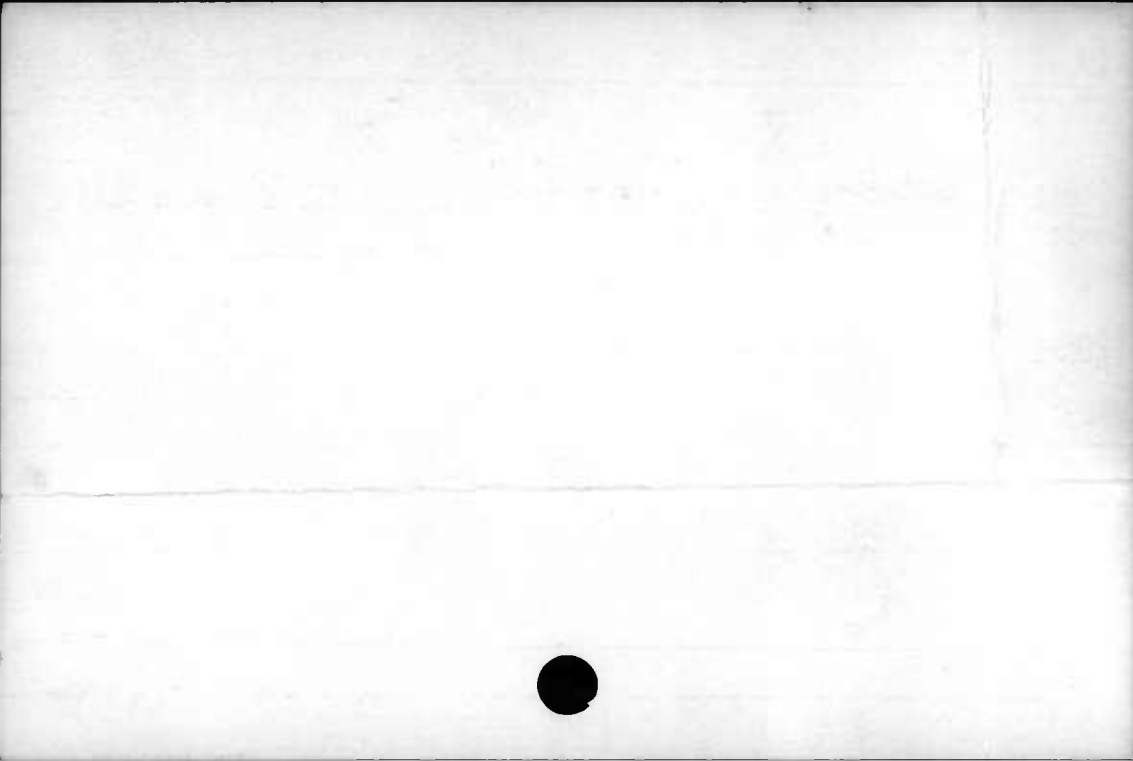
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Unity ^{Town}		Unity ^{County}		MARYLAND	
Date of death 190		v ^{Month} DEC		10 ^{Day}		Age 18 ^{Years}	
Sex		Female		Color or Race		white	
Married, Single or Widowed		Single		Occupation		Lady	
Name of Wife or Husband				Birth-place		Unity	
Father's Name		Frank Brown		Father's Birthplace		Unity	
Mother's Maiden Name		Addie Cavy		Mother's Birthplace		—	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Typho. Pneumonia		How long		9 days	
Immediate		Heart Failure		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		H. G. Spurrin			
		Address		Unity Md			
Accident or Suicide?							



William Brown of James
 Town County

Died at Brighton Montgomery MARYLAND

1902 Dec 18 Y. M. D. Native of Brighton Occupation Farmer
 Date 189- Age 82 2 27
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

Husband of Elizabeth Brown (deceased)
 Wife

Father's Name James Brown Mother's Name Ann Brown

Cause of Primary Weak Heart How long sick 3 days

Death Immediate Pneumonia 93
 Accident, Suicide, Homicide

Reported by Aug Habler

Address Brighton Montg. Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Richard Caywood.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

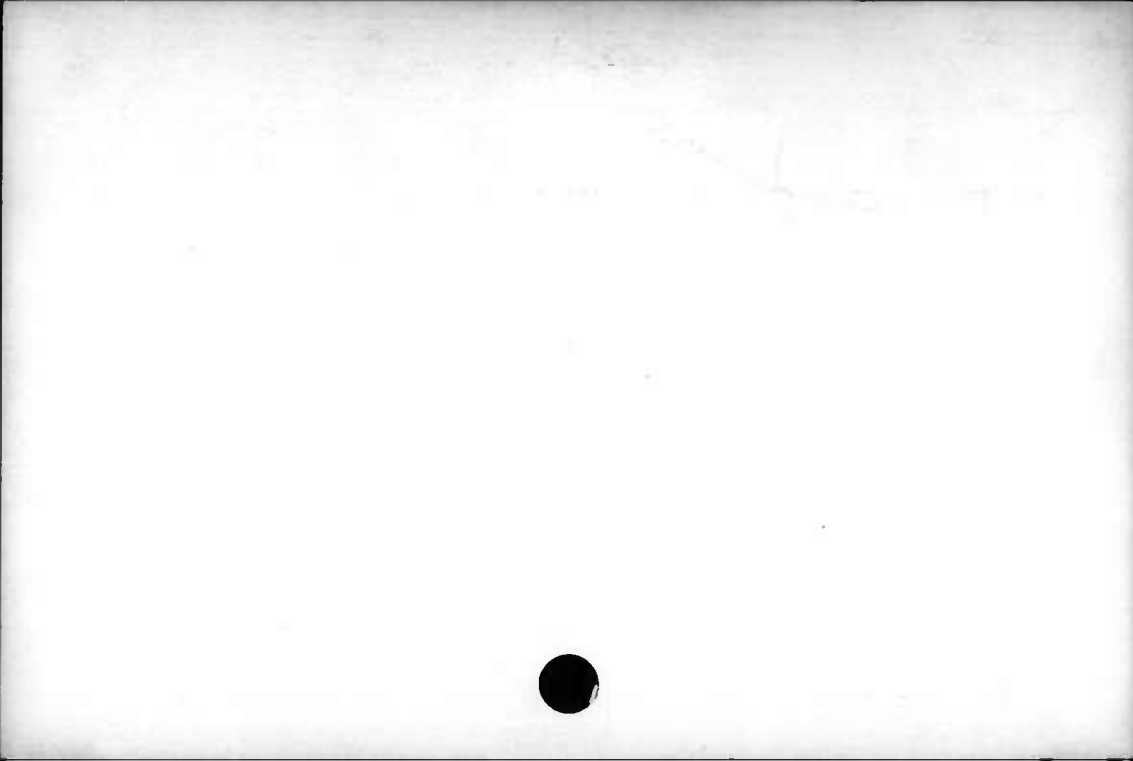
MARYLAND

Died at <i>Cabin John</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>			
Date of death 190	<i>2</i>	Month <i>Dec</i>	Day <i>30</i>	Age <i>87</i> <small>years</small>	Months <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Days <i>X</i>
Married, Single or Widowed <i>Widowed</i>			Occupation <i>none.</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Jos E. Stokes</i>			How related to deceased <i>none.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>4 months</i>
<i>154</i>	How long
Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W J Paul, M.D.</i>
<i>Yes</i>	Address <i>Poloma Md.</i>
Accident or Suicide? <i>X</i>	



Fields

Town

County

Died at

Mantoloking

Mantoloking

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Dec. 10

Age

3

Med

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Clayton Fields

Mother's

Maiden Name

Fanny Wood

Cause of

Primary

Tubercular Meningitis on neurot

How long sick

Death

Immediate

28

~~Accident, Suicide, Homicide~~

Reported by

B. H. Walling M.D.

Address

Dooleville. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leandro Hebron

Died at ^{Town} Polesville ^{County} Montgo

MARYLAND

Date 1902 Dec 17 Age 78 Native of Md. Occupation Servant

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Emily Bruce

Father's Name Wm. Hebron Mother's Maiden Name Rosine Bruce

Cause of Death { Primary Immediate Old Age 154

How long sick

Accident, Suicide, Homicide

Reported by J. P. Hebron

Address Polesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hellen H. Huff

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Date

1902

Month

12

Day

24

Y.

M.

D.

Age

43

4

10

Native of

Maryland

Occupation

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

12-

Husband

of

Henry H. Huff

Wife

Father's

Name

Nichols Berry

Mother's

Name

Rebecca Berry

Cause of

Primary

Paralysis

How long sick

3 weeks

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Roger Brooke

Address

Sandy Spring.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1902

Dec

23

Age

—

10

4

Sex

Female

Color or
Race

Negro

Birth-
place

Spencerville

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Henry Jackson

Father's
Birthplace

MD

Mother's
Maiden Name

Laura Johnson

Mother's
Birthplace

MD

Name of person giving
Information

Laura Johnson

How related
to deceased

mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. R. Patton

Spencerville

PHYSICIAN
OR CORONER

Name in Full

Certificate of Death

Died at

Ethel Jones.
 Town *Poolsville* County *Montg*

MARYLAND

Occupation

Date 19

02 *12* *30* Age *4* *-* *-* Native of *Md.*

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dennis Jones. *27* *Mollie Peters*
Acute pulmonary tuberculosis How long sick *4 wks.*

Death

Immediate

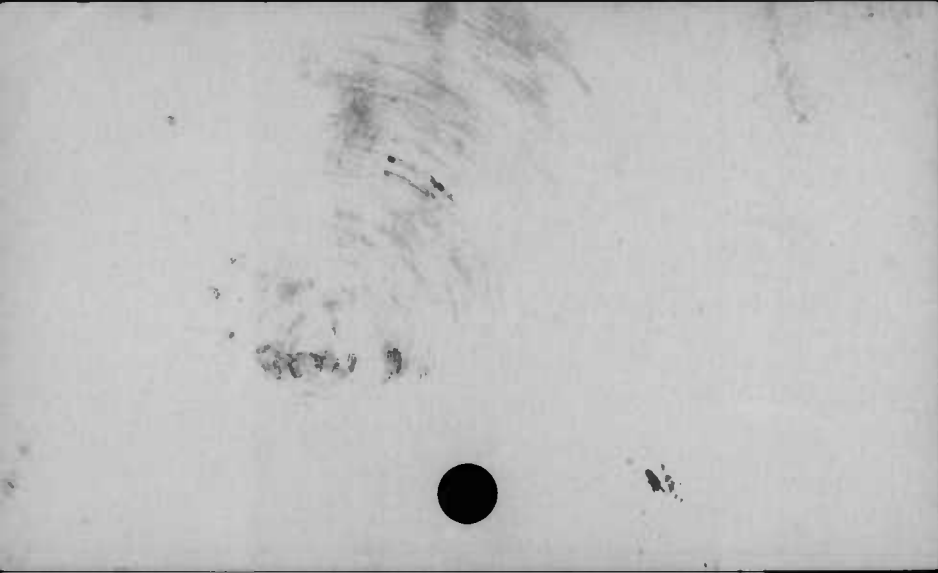
Asphyxia~~Accident, Suicide, Homicide~~

Reported by

Address

L. D. House M.D.
Lawsonville Montg Co. Md

LIBRARY BUREAU, 79898



George Lyles

Town

County

Montgomery

MARYLAND

Died at Potomacville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1920 Dec 17

Age

68

Md laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Rachel Ann Lyles

Father's

Name

Harry Lyles

Mother's

Maiden Name

Caroline

Cause of

Primary

How long sick

Death

Immediate

Old age

154

Accident, Suicide, Homicide

Reported by

William Lyles

Address

Potomacville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John G. F. Mangum

Town

County

Died at

MARYLAND

Date 19

02

Month

Dec.

Day

30

Y.

M.

D.

Age

75-8

Native of

Ind

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

Pneumonia

Exhaustion

How long sick

10 days

Accident, Suicide, Homicide

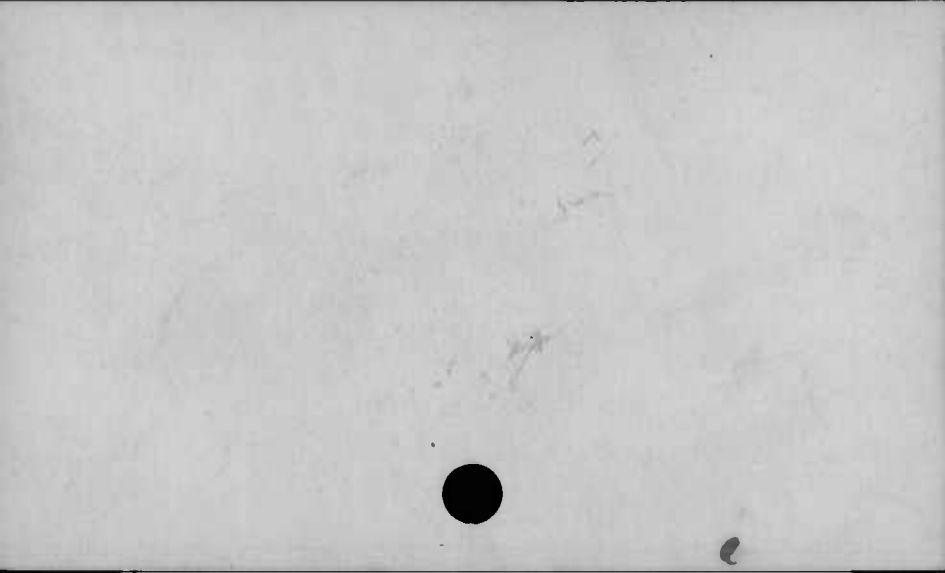
Reported by

Abner T. Parsons, M.D.

Address

Takoma Park, D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm B. Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Potomac</u> Town		<u>Montg.</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec</u>	Day <u>28</u>	Age <u>28</u> Years	Months <u>X</u>	Days <u>X</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ta.</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Painter.</u>			
Name of Wife or Husband <u>Ella Steward</u>					
Father's Name <u>J</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>Lucy V. Steward</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>14 days</u>
Immediate <u>Diphtheria fever.</u>	How long <u>17 "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W J Pratt, M.D.</u>
	Address <u>Potomac Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Sarah Taylor

Died at ^{Town} Burnt Mills ^{County} Montgomery

MARYLAND

Date of death 1902 Dec 5 Age 30 Months 2 Days 28

Sex Female Color or Race Colored Birth-place Md.

Married, Single or Widowed Married Occupation Housewife

Name of Wife or Husband

Father's Name John Berry Father's Birthplace Md.

Mother's Maiden Name Sarah Mallory Mother's Birthplace Va.

Name of person giving information John Berry How related to deceased Father

CAUSES OF DEATH

Primary La. Grippe 10 How long About 1 wk

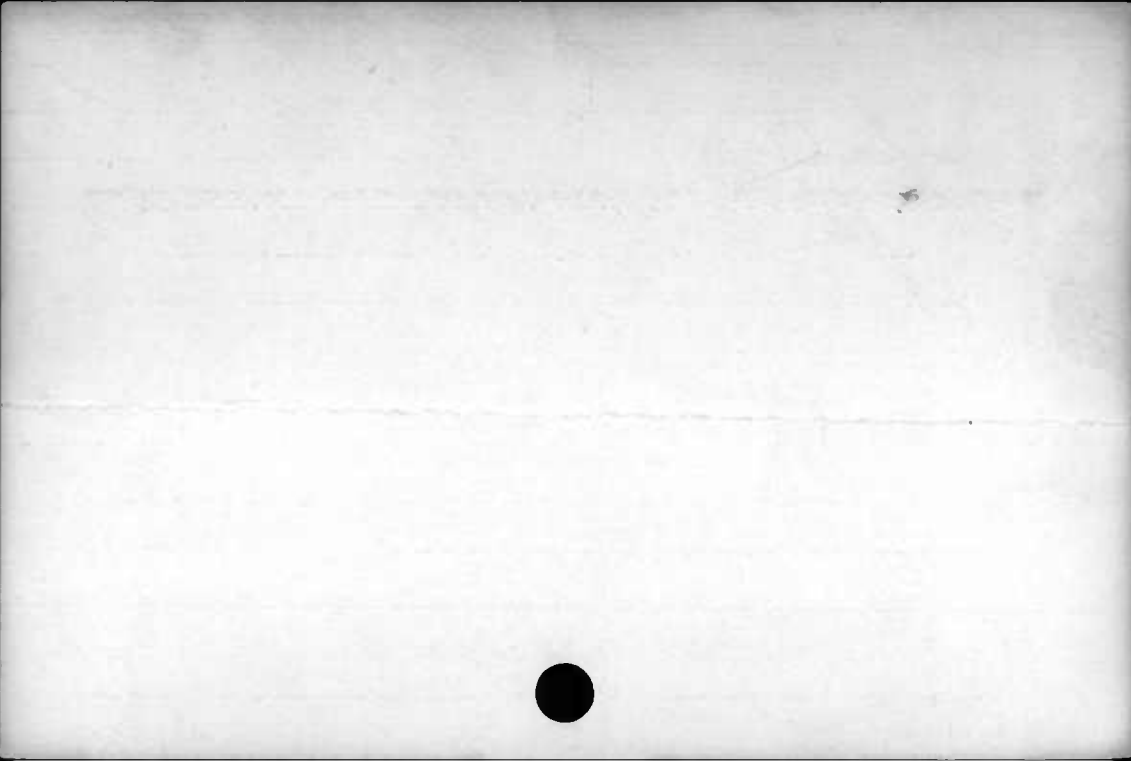
Immediate Congestion of Brain How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. T. Brown

Address Burnt Mills

Accident or Suicide? Md.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Lebedus Whetley

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Date

1902

Month

12

Day

8

Y.

M.

D.

Native of

Occupation

Age

67

5-

Maryland

Teacher

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband

of

Julia Whetley

Father's

Name

Mother's

Name

Cause of

Primary

Heart Disease 74

How long sick

5- days

Death

Immediate

Heart Expansion

Accident, Suicide, Homicide

Reported by

Roger Burk

Address

Sandy Spring 111 d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Zachariah W. White

Town

County

Died near Chury

Montgomery

MARYLAND

Date 1902 Dec. 28

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Dec. 28

Age 67

-

-

Montg. Co. Md. Farmer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Samuel White

Mother's
Name

Rosa White

Cause of Death { Primary Congestion of Brain About one day.

Death { Immediate Apoplexy

Accident, Suicide, Homicide

Reported by

Chas. Farguehar, M.D.

Address

Chury, Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705



Name in Full

Certificate of Death

Jessie Williams

Died at ^{Town} Olney ^{County} Montgomery MARYLAND

Date 1902 Dec. 7 Age 19-1-10 Native of Montg. Co. Occupation Farm hand

Male ~~White~~ Married ~~Widow~~ Divorced

Female Colored Single Widower Number of children living

Husband
of

Father's Name William Williams Mother's Name Jane Williams

Cause of { Primary Pulmonary Tuberculosis } How long sick About 5 months

Death { Immediate Hemorrhage from Lungs } Accident, Suicide, Homicide

Reported by Chas. Farquhar, M.D.

Address Olney Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

